

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan THE YATES COMPANIES, INC. 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1996
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE YATES COMPANIES, INC. P.O. BOX 291 JACKSON, MS 39205
2b	Employer Identification Number (EIN) 64-0893270
2c	Plan Sponsor's telephone number 601-208-2850
2d	Business code (see instructions) 237310

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2024	BRANDON DUNN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name THE YATES COMPANIES, INC. c Plan Name JESCO/BLAINE 401(K) PLAN	4b EIN 64-0893270 4d PN 001
5 Total number of participants at the beginning of the plan year	5 3954
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 3568 6a(2) 3862 6b 45 6c 344 6d 4251 6e 16 6f 4267 6g(1) 1578 6g(2) 1776 6h 22
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D 3H 2R 3B

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 1
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan THE YATES COMPANIES, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE YATES COMPANIES, INC.	D Employer Identification Number (EIN) 64-0893270	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	194557-03	482	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	11077045
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
 (3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year**7b**

13329335

c Additions: (1) Contributions deposited during the year**7c(1)**

751403

(2) Dividends and credits

7c(2)

0

(3) Interest credited during the year

7c(3)

150420

(4) Transferred from separate account.....

7c(4)

5683544

(5) Other (specify below)

7c(5)

82666

▶ **LOAN PAYMENTS**

(6) Total additions.....

7c(6)

6668033

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

19997368

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

2570801

(2) Administration charge made by carrier

7e(2)

68412

(3) Transferred to separate account.....

7e(3)

6281110

(4) Other (specify below)

7e(4)

(5) Total deductions.....

7e(5)

8920323

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

11077045

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan THE YATES COMPANIES, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE YATES COMPANIES, INC.	D Employer Identification Number (EIN) 64-0893270	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB & CO., INC.
94-1737782

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TD AMERITRADE
200 S 108TH AVENUE OMAHA, NE 68154

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
--

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 50 15 37	NONE	204244	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

TRUSTMARK NATIONAL BANK

248 E CAPITOL ST STE 580
JACKSON, MA 39201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 15 26 50 64	NONE	154028	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 26 50	NONE	45851	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

REA SHAW GIFFIN & STUART LLP

PO BOX 2090
MERIDIAN, MS 39302

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	45804	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan THE YATES COMPANIES, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE YATES COMPANIES, INC.	D Employer Identification Number (EIN) 64-0893270	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1050553	382250
(2) Participant contributions	1b(2)	33819	159110
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	506972	318801
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	90819621	118505535
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	13329335	11077045
(15) Other	1c(15)	342585	1925166

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	106082885	132367907
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	106082885	132367907

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	5642163	
(B) Participants	2a(1)(B)	11267974	
(C) Others (including rollovers)	2a(1)(C)	4341442	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		21251579
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	22001	
(F) Other	2b(1)(F)	150420	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		172421
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3876521	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3876521
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		13280189
c Other income	2c		147173
d Total income. Add all income amounts in column (b) and enter total	2d		38727883

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12879879	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		12879879
f Corrective distributions (see instructions)	2f		472277
g Certain deemed distributions of participant loans (see instructions)	2g		12975
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Recordkeeping fees.....	2i(3)	204244	
(4) IQPA audit fees.....	2i(4)	47275	
(5) Investment advisory and investment management fees	2i(5)	199879	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	300	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		451698
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13816829

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		24911054
l Transfers of assets:			
(1) To this plan	2l(1)		1373968
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **REA, SHAW, GIFFIN & STUART LLP**

(2) EIN: **64-0295411**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan THE YATES COMPANIES, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 THE YATES COMPANIES, INC.	D Employer Identification Number (EIN) 64-0893270	

Part I	Distributions
--------	---------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 84-1455663 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
---------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? If the plan is a defined benefit plan, go to line 8.	☐ Yes	☐ No	☐ N/A
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
---	--	--	--	--

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b):	
a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%	
b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.	
a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No	
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:	
☐ Yes.	
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.	
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.	
☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No	
21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).	
☒ Design-based safe harbor method	
☐ "Prior year" ADP test	
☐ "Current year" ADP test	
☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>11 / 14 / 2022</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702518A</u> .	

THE YATES COMPANIES, INC. 401(K) PLAN

FINANCIAL STATEMENTS

December 31, 2023 and 2022

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
The Yates Companies, Inc. 401(k) Plan
Philadelphia, Mississippi

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of The Yates Companies, Inc. 401(k) Plan (formerly, the JESCO/Blaine 401(k) Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of The Yates Companies, Inc. 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2023 and 2022, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section —

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The Yates Companies, Inc. 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about The Yates Companies, Inc. 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The Yates Companies, Inc. 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about The Yates Companies, Inc. 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional

procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

A handwritten signature in cursive script that reads "Rea, Shaw, Giffin & Stuart".

REA, SHAW, GIFFIN & STUART, LLP

THE YATES COMPANIES, INC. 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2023 and 2022

	2023	2022
ASSETS		
Participant directed investments, at fair value	\$ 120,430,701	\$ 91,162,206
Participant directed investments, at contract value	<u>11,077,045</u>	<u>13,329,335</u>
Total investments	<u>\$ 131,507,746</u>	<u>\$ 104,491,541</u>
Contribution and other receivables:		
Participants' contributions	\$ 159,110	\$ 33,819
Employer's contribution	382,250	1,050,553
Notes receivable from participants	<u>318,801</u>	<u>506,972</u>
Total receivables	<u>\$ 860,161</u>	<u>\$ 1,591,344</u>
Total assets	<u>\$ 132,367,907</u>	<u>\$ 106,082,885</u>
LIABILITIES		
Excess contributions payable	<u>\$ -</u>	<u>\$ 472,940</u>
Total liabilities	<u>\$ -</u>	<u>\$ 472,940</u>
Net assets available for benefits	<u>\$ 132,367,907</u>	<u>\$ 105,609,945</u>

See Notes to Financial Statements.

THE YATES COMPANIES, INC. 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2023 and 2022

	2023	2022
ADDITIONS		
Additions to plan assets attributed to:		
Investment income:		
Interest on participant loans	\$ 22,001	\$ 19,312
Dividends and interest on investments	4,026,941	1,654,774
Net change in the fair value of investments	<u>13,427,362</u>	<u>(11,027,971)</u>
Total investment income	<u>\$ 17,476,304</u>	<u>\$ (9,353,885)</u>
Contributions:		
Participants' contributions	\$ 11,267,974	\$ 4,005,110
Employer's contributions	5,642,163	1,052,797
Rollover contributions	4,341,442	387,476
Transfer of assets from merged plan	<u>1,373,968</u>	<u>54,215,360</u>
Total contributions	<u>\$ 22,625,547</u>	<u>\$ 59,660,743</u>
Total additions, net	<u>\$ 40,101,851</u>	<u>\$ 50,306,858</u>
DEDUCTIONS		
Deductions from plan assets attributed to:		
Benefits paid to participants	\$ 12,892,191	\$ 6,378,884
Fees and other deductions	<u>451,698</u>	<u>248,845</u>
Total deductions	<u>\$ 13,343,889</u>	<u>\$ 6,627,729</u>
Net increase	\$ 26,757,962	\$ 43,679,129
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>105,609,945</u>	<u>61,930,816</u>
End of year	<u>\$ 132,367,907</u>	<u>\$ 105,609,945</u>

See Notes to Financial Statements.

THE YATES COMPANIES, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

The following description of The Yates Companies, Inc. 401(k) Plan (the Plan; formerly the JESCO/Blaine 401(k) Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the plan's provisions.

General

The Plan is a safe harbor defined contribution plan covering eligible employees of The Yates Companies, Inc, Yates Engineers, LLC, Yates Constructors, LLC, American Industrial Construction, LLC, Mark Engineers, Inc., JESCO, Inc., JESCO Maintenance Corporation, Blaine Construction Corporation, Yates Engineering Corporation, W.G. Yates & Sons Construction Company, Edwards Electric Service, LLC, MEI Electrical, Inc., Merit Electrical, Inc., Superior Asphalt, Inc., Spectrum Resorts, LLC, Spectrum Bloomfield, LLC (collectively "the Companies"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is administered by The Yates Companies, Inc. ("Yates", the Sponsor), and a committee appointed by the board of directors of the Yates. The committee has overall responsibility for the operation and administration of the Plan. The committee determines the appropriateness of the plan's investment offerings, monitors investment performance and reports to the plan's Trustee.

The Plan, in its current form, is the result of a merger between two pre-existing plans administered by subsidiaries of The Yates Companies, Inc. In December of 2022, substantially all of the assets of the W. G. Yates & Sons Construction Company Employee Trust were transferred to the JESCO/Blaine 401(k) Plan. On January 1, 2023, the JESCO/Blaine 401(k) Plan was restated and renamed The Yates Companies, Inc. 401(k) Plan and is operating under a new adoption agreement as of that date.

Plan Assets

Empower Annuity Insurance Company of America and Empower Trust Company, LLC (collectively "Empower") were the trustees of the Plan in 2023 and 2022. The values of plan assets and information about changes in net assets available for benefits have been certified by Empower in 2023 and 2022, to be complete and accurate.

Note 1. Description of the Plan (continued)

Contributions

A participant can defer up to the allowed limit of \$22,500 in 2023 of compensation annually. Participants aged 50 and older may make an additional \$7,500 catch-up contribution. The Plan allows the participating companies to match a percentage of employee deferrals. The companies match 100% of deferrals up to 3% of compensation and 50% of deferrals from 4% to 5% of compensation. As such, the maximum match percentage is 4%. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollovers). Except for 401(k) deferrals, participants are not allowed to contribute personal funds to the Plan. Participants have the option to make pre-tax or Roth contributions subject to the aforementioned limitations.

Eligibility

To be eligible for participation, employees must be 18 years of age and be employed for one month. Employees enter the Plan on the first day of the month coinciding with or next following the date on which an employee meets the eligibility requirements or as soon as administratively feasible thereafter.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Companies' matching contributions and plan earnings, and charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions and the earnings thereon. The Plan is a safe harbor 401(k); therefore, participants are also vested immediately in safe harbor employer contributions and earnings thereon. Neither the JESCO/Blaine 401(k) nor the W. G. Yates & Sons Construction Company Employee Trust were safe harbor 401(k) plans. Vesting in the employer contributions (non-safe harbor contributions) made prior to January 1, 2023 is based on years of service. Participants are fully vested after five years of service. A participant's non-vested equity is forfeited upon termination. Forfeited, non-vested portions of employer contributions may be used to pay plan expenses or reduce future matching contributions.

Payment of Benefits

On termination of service due to death, disability, retirement, or hardship, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, a joint and survivor annuity, or equal installments over their life expectancy.

Note 1. Description of the Plan (continued)Notes Receivable from Participants

The Plan does not allow participants to borrow from their Plan accounts. However, the JESCO/Blaine 401(k) Plan did allow for participant loans. The participant loans that existed as of December 31, 2022 were grandfathered into the Plan, however no new participant loans will be allowed. The JESCO/Blaine 401(k) Plan allowed participants to borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The remaining loans in the Plan are secured by the balance in the participant's account and bear interest at U.S. Bank Prime rate plus 100 basis. Rates on loans originated in 2022 ranged from 4.25% and 8.00%. Principal and interest is paid ratably through monthly payroll deductions.

Insurance

A fidelity bond insures the Plan for \$1,000,000.

Investment Options

Employees can direct both employer and employee contributions into forty-four investment options including self-directed brokerage accounts. Participants may change their investment options daily.

Forfeited Accounts

Forfeitures were \$73,855 and \$31,285 for the years ended December 31, 2023 and 2022, respectively. Plan expenses of \$47,275 and \$24,221 were paid from forfeited accounts during the years ended December 31, 2023 and 2022, respectively. Additionally, \$56,223 and \$15,688 was used to offset employer contributions during the years ended December 31, 2023 and 2022, respectively. Forfeited non-vested accounts totaled \$59,683 and \$89,012 at December 31, 2023 and 2022, respectively. These amounts may be used to offset future employer contributions or plan expenses.

Note 2. Summary of Significant Accounting PoliciesBasis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results may differ from those estimates.

Note 2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value (except for the fully benefit-responsive investment contract which is reported at contract value). Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Mutual funds and common stocks are valued at quoted market prices, which represent the fair value of shares held by the Plan at year end. Purchases and sales-of-securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net change includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid except for excess contributions which are accrued at the end of the Plan year and paid before March 31 of the following year. Participant contributions are decreased by the same amount in the year in which the excess contributions were made.

Administrative Fees

The Plan's expenses are paid either by the Plan, The Yates Companies, Inc. (the Sponsor) or the participating companies, as provided by the plan document. Expenses that are paid directly by the sponsor or participating companies are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan, which are paid by the Plan, are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net change in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

The Plan's management has evaluated subsequent events through October 7, 2024, the date on which the financial statements were available to be issued.

Note 3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows on the next page:

Note 3. Fair Value Measurements (continued)

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

Mutual Funds – Mutual funds are valued at the daily closing price. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common Stocks – Common stock held in self-directed brokerage accounts are actively traded and valued at the daily closing price.

All valuation methodologies have been consistently applied during 2023 and 2022.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 118,505,535	\$ -	\$ -	\$ 118,505,535
Common stocks in SDBA	1,925,166	-	-	1,925,166
Total investments at fair value	<u>\$ 120,430,701</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 120,430,701</u>

Note 3. Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2022:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 90,819,621	\$ -	\$ -	\$ 90,819,621
Common stocks in SDBA	342,585	-	-	342,585
Total investments at fair value	<u>\$ 91,162,206</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 91,162,206</u>

Note 4. Group Annuity Contract

As of December 31, 2023 and 2022, the Plan has a fully benefit-responsive group annuity contract with an insurance company, called the Key Guaranteed Portfolio Fund. The insurance company maintains the contributions in a general account, which is credited with earnings and charged for participant withdrawals and administrative expenses.

Since the group annuity contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the group annuity contract. The group annuity contract is presented on the face of the statements of net assets available for benefits at contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events limit the Plan's ability to transact at contract value with the insurance company, such as premature termination of the contracts by the Plan and plan termination. Plan management believes that the occurrence of events that would cause the Plan to transact at less than contract value is not probable. The insurance company may not terminate the contract at any amount less than the contract value.

The insurance company is contractually obligated to pay the principal and specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the insurance company. Such interest rates are reviewed on a quarterly basis for resetting. The crediting rate of the product will be established based on the earnings of the underlying assets in the entire medium-long term portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. The actual average yield earned by the Plan for the group annuity contract is derived by averaging the plan's quarterly interest rates. The average for 2023 and 2022 was 1.23% and 0.93%, respectively.

Note 5. Expenses Paid by the Plan Sponsor

No administrative fees for the Plan were paid by the plan sponsor, The Yates Companies, Inc. or the participating companies.

Note 6. Tax Status

The Plan, as currently stated, does not have an IRS determination letter; however, the Plan document is based upon the Great West Trust Company, LLC Defined Contributions Pre-Approved Plan, a prototype plan. This prototype plan received an opinion letter dated June 2022 in which the IRS stated that it was in compliance with the applicable requirements of the Internal Revenue Code (Code). In addition, the opinion letter stated that an employer who adopts this prototype plan may rely on the prototype plan's opinion letter with respect to the qualification of its plan under the Code.

The Plan administrator and tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan accounts for uncertain tax positions in accordance with ASC 740-10. No penalties or interest were accrued or charged to expenses for the years ended December 31, 2023 or 2022. Currently, none of the returns in the U.S. federal jurisdiction or the U.S. state jurisdiction are under examination by any taxing authority. The statute of limitations for the U.S. federal jurisdiction, as well as the U.S. state jurisdiction, is three years. The income tax returns prior to fiscal year 2020 are closed.

Note 7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 8. Information Certified by Trustee

The Plan's 2023 and 2022 investments were held by Empower Trust Company, LLC and Empower Annuity Insurance Company of America (collectively "Empower"). The Plan's 2023 and 2022 financial information, including investment and participant loan values, investment income, interest income on participant loans and fees is included in the financial statements and supplemental schedule based on information certified by Empower as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The balances certified by Empower at December 31, 2023 and 2022 totaled \$131,826,547 and \$104,998,513, respectively.

Note 9. Party-in-Interest Transactions

The Plan pays fees to Trustmark National Bank, Empower Annuity Insurance Company of America, Empower Trust Company, LLC and Empower Retirement Advisory Services for trust services, insurance products, investment advisory and management, and third-party administration of the Plan. The Plan also pays audit fees to Rea, Shaw, Giffin & Stuart, LLP and Nail McKinney PA. All of these transactions qualify as party-in-interest transactions.

Note 10. Withdrawals

As of December 31, 2023 and 2022, there were no withdrawals that were requested prior to the Plan's year-end but paid in the following plan year.

The Plan accrued \$0 and \$472,940 of excess contributions payable as of December 31, 2023 and 2022, respectively. Participant contributions were reduced by \$0 and \$472,940 for the years ended December 31, 2023 and 2022, respectively.

Note 11. Mandatory Distributions and Mandatory Rollovers

The Plan allows mandatory distributions and rollovers. Mandatory distributions and mandatory rollovers apply to terminated participants with balances that do not exceed \$5,000. During 2023 and 2022, the Plan made mandatory distributions and mandatory rollovers that totaled \$157,806 and \$23,937, respectively.

Note 12. Plan Merger and Termination

Prior to December 31, 2022, subsidiaries of The Yates Companies, Inc., maintained two separate retirement plans, the JESCO/Blaine 401(k) Plan and the W. G. Yates & Sons Construction Company Employee Trust. The administrative committees of both plans approved a plan to merge the plans.

On December 30, 2022, the mutual fund and group annuity contract investments of the W. G. Yates & Sons Construction Company Employee Trust totaling \$54,215,360 were transferred to the JESCO/Blaine 401(k) Plan. The remaining assets in the W. G. Yates & Sons Construction Company Employee Trust as of December 31, 2022, were common stocks held in self-directed brokerage accounts totaling \$1,373,968 and were transferred on January 5, 2023.

The JESCO/Blaine 401(k) Plan was restated and renamed on January 1, 2023. The restated plan was renamed The Yates Companies, Inc. 401(k) Plan. The W. G. Yates & Sons Construction Company Employee Trust was terminated.

Note 13. Plan Amendments

Congress passed the Setting Every Community Up for Retirement Enhancement Act of 2020 that contained the largest package of retirement system reform in over a decade. Many of the provisions of the SECURE Act became effective on January 1, 2020 and require significant changes to plan administration and recordkeeping.

The COVID-19 outbreak in the United States caused business disruption through mandated and voluntary closings of businesses in numerous industries. On March 27, 2020, Congress passed the Coronavirus Aid, Relief, and Economic Security Act.

The Plan was amended in September 2022 to comply with the provisions of these laws. Additionally, the Plan was amended in September 2022 to allow Roth contributions, Roth in-plan rollovers and Roth in-plan transfers.

The Plan was restated on January 1, 2023. The substantive changes to the Plan as a result of that restatement were:

- The Plan became a safe harbor plan.
- The employer matching schedule was modified as described Note 1.
- The vesting schedule for non-safe harbor employer contributions to the former W. G. Yates & Sons Construction Company Employee Trust was modified to match the vesting schedule of the former JESCO/Blaine 401(k) Plan which was more favorable to the participants.
- The Plan no longer allows for new participant loans.

Note 14. Reconciliation to Form 5500

The transfer of the assets in the amount of \$1,373,968 that occurred on January 5, 2023 (as discussed in Note 12) is included in "Additions" under "Transfer of assets from merged plan" in the accompanying 2022 Statement of Changes in Net Assets Available for Benefits. This transfer is shown in the Form 5500 Schedule H Part II Line I(1), "Transfers of Assets to this Plan".

Also, corrective distributions of \$472,940 were accrued for the purposes of the 2022 financial statements, but were not accrued for the Form 5500.

Note 14. Reconciliation to Form 5500 (continued)

These amounts are reconciled as follows:

Total withdrawals reported on Schedule H of Form 5500	\$ 13,365,131
Excess contributions payable reported in 2022 financial statements	<u>(472,940)</u>
Total withdrawals per the Statement of Changes in Net Assets Available for Benefits	<u>\$ 12,892,191</u>
Net income reported on Schedule H of Form 5500	\$ 24,911,054
Excess contributions payable reported in 2022 financial statements	472,940
Transfer of assets from merged plan	<u>1,373,968</u>
Increase in net assets per the Statement of Changes in Net Assets Available for Benefits	<u>\$ 26,757,962</u>

Note 15. Subsequent Event

The Plan was amended effective January 1, 2024, to add Spectrum Capital, LLC as a Participating Related Employer in the Plan. The Plan was further amended on March 29, 2024 to remove Spectrum Capital, LLC, Spectrum Resorts, LLC, Spectrum Bloomfield, LLC as Participating Related Employers in the Plan. This amendment resulted in the withdrawal of \$2,290,759 of participant balances.

SUPPLEMENTAL INFORMATION

THE YATES COMPANIES, INC. 401(K) PLAN
SCHEDULE OF ASSETS (held at end of year)
December 31, 2023

Attachment to Schedule H (Form 5500)
EIN: 64-0893270 Plan number: 001
Item 4i

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current value
	Vanguard Target Retirement Inc Inv	Mutual Fund		\$ 1,934,003
	Vanguard Target Retirement 2020 Inv	Mutual Fund		1,062,996
	Vanguard Target Retirement 2025 Inv	Mutual Fund		10,396,422
	Vanguard Target Retirement 2030 Inv	Mutual Fund		7,364,307
	Vanguard Target Retirement 2035 Inv	Mutual Fund		11,730,914
	Vanguard Target Retirement 2040 Inv	Mutual Fund		3,869,248
	Vanguard Target Retirement 2045 Inv	Mutual Fund		7,247,682
	Vanguard Target Retirement 2050 Inv	Mutual Fund		2,485,013
	Vanguard Target Retirement 2055 Inv	Mutual Fund		1,953,883
	Vanguard Target Retirement 2060 Inv	Mutual Fund		777,018
	Vanguard Target Retirement 2065 Inv	Mutual Fund		429,383
	John Hancock International Growth R6	Mutual Fund		1,140,567
	Invesco Global R6	Mutual Fund		3,098,317
	Invesco International Small-Mid Company R6	Mutual Fund		498,297
	Thornburg Developing World R6	Mutual Fund		774,584
	Vanguard Developed Markets Index Admiral	Mutual Fund		3,994,666
	Calamos Market Neutral Income R6	Mutual Fund		81,358
	Cohen & Steers Real Estate Securities Z	Mutual Fund		856,748
	John Hancock Alternative Asset Allocation R6	Mutual Fund		89,246
	Neuberger Berman Genesis R6	Mutual Fund		1,997,322
	Vanguard Small Cap Growth Index Admiral	Mutual Fund		1,182,254
	Vanguard Small Cap Index Admiral	Mutual Fund		1,585,097
	Vanguard Small Cap Value Index Admiral	Mutual Fund		1,052,232

THE YATES COMPANIES, INC. 401(K) PLAN
SCHEDULE OF ASSETS (held at end of year) (continued)
December 31, 2023

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current value
	T. Rowe Price Mid-Cap Growth I	Mutual Fund		\$ 4,947,358
	Vanguard Mid-Cap Growth Index Admiral	Mutual Fund		1,417,029
	Vanguard Mid-Cap Index Admiral	Mutual Fund		1,292,553
	Vanguard Mid-Cap Value Index Admiral	Mutual Fund		3,605,395
	T. Rowe Price Growth Stock I	Mutual Fund		6,388,539
	Vanguard 500 Index Admiral	Mutual Fund		9,790,788
	Vanguard Equity - Income Admiral	Mutual Fund		4,267,880
	Vanguard Growth Index - Admiral	Mutual Fund		3,280,747
	Vanguard Balanced Index Fund - Admiral	Mutual Fund		5,511,295
	MFS Emerging Markets Debt R6	Mutual Fund		415,090
	PIMCO Income Instl	Mutual Fund		2,898,680
	Vanguard High Yield Corporate Admiral	Mutual Fund		617,891
	Vanguard Inflation - Protected Secs Admiral	Mutual Fund		1,908,707
	Vanguard Interim - Term Bond Index Admiral	Mutual Fund		1,806,807
	Vanguard Short Term Corporate Bond Index Admiral	Mutual Fund		1,016,133
	Vanguard Wellesley Income Admiral	Mutual Fund		1,029,965
	Putnam Government Money Market A	Mutual Fund		2,557,053
	Applied Finance Select Institutional	Mutual Fund		152,068
*	Key Guaranteed Portfolio Fund	Fixed Annuities		11,077,045
	Self-directed brokerage accounts (Schwab)	Common Stocks		503,894
	Self-directed brokerage accounts (Empower)	Common Stocks		1,421,272
				<u>\$ 131,507,746</u>
*	Participant loans (4.25% - 8.00%)			<u>318,801</u>
				<u><u>\$ 131,826,547</u></u>

* Represents party-in-interest.

** Information in column (d) is omitted as all investments are participant directed.

THE YATES COMPANIES, INC. 401(K) PLAN
SCHEDULE OF ASSETS (held at end of year)
December 31, 2023

Attachment to Schedule H (Form 5500)
EIN: 64-0893270 Plan number: 001
Item 4i

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current value
	Vanguard Target Retirement Inc Inv	Mutual Fund		\$ 1,934,003
	Vanguard Target Retirement 2020 Inv	Mutual Fund		1,062,996
	Vanguard Target Retirement 2025 Inv	Mutual Fund		10,396,422
	Vanguard Target Retirement 2030 Inv	Mutual Fund		7,364,307
	Vanguard Target Retirement 2035 Inv	Mutual Fund		11,730,914
	Vanguard Target Retirement 2040 Inv	Mutual Fund		3,869,248
	Vanguard Target Retirement 2045 Inv	Mutual Fund		7,247,682
	Vanguard Target Retirement 2050 Inv	Mutual Fund		2,485,013
	Vanguard Target Retirement 2055 Inv	Mutual Fund		1,953,883
	Vanguard Target Retirement 2060 Inv	Mutual Fund		777,018
	Vanguard Target Retirement 2065 Inv	Mutual Fund		429,383
	John Hancock International Growth R6	Mutual Fund		1,140,567
	Invesco Global R6	Mutual Fund		3,098,317
	Invesco International Small-Mid Company R6	Mutual Fund		498,297
	Thornburg Developing World R6	Mutual Fund		774,584
	Vanguard Developed Markets Index Admiral	Mutual Fund		3,994,666
	Calamos Market Neutral Income R6	Mutual Fund		81,358
	Cohen & Steers Real Estate Securities Z	Mutual Fund		856,748
	John Hancock Alternative Asset Allocation R6	Mutual Fund		89,246
	Neuberger Berman Genesis R6	Mutual Fund		1,997,322
	Vanguard Small Cap Growth Index Admiral	Mutual Fund		1,182,254
	Vanguard Small Cap Index Admiral	Mutual Fund		1,585,097
	Vanguard Small Cap Value Index Admiral	Mutual Fund		1,052,232

THE YATES COMPANIES, INC. 401(K) PLAN
SCHEDULE OF ASSETS (held at end of year) (continued)
December 31, 2023

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current value
	T. Rowe Price Mid-Cap Growth I	Mutual Fund		\$ 4,947,358
	Vanguard Mid-Cap Growth Index Admiral	Mutual Fund		1,417,029
	Vanguard Mid-Cap Index Admiral	Mutual Fund		1,292,553
	Vanguard Mid-Cap Value Index Admiral	Mutual Fund		3,605,395
	T. Rowe Price Growth Stock I	Mutual Fund		6,388,539
	Vanguard 500 Index Admiral	Mutual Fund		9,790,788
	Vanguard Equity - Income Admiral	Mutual Fund		4,267,880
	Vanguard Growth Index - Admiral	Mutual Fund		3,280,747
	Vanguard Balanced Index Fund - Admiral	Mutual Fund		5,511,295
	MFS Emerging Markets Debt R6	Mutual Fund		415,090
	PIMCO Income Instl	Mutual Fund		2,898,680
	Vanguard High Yield Corporate Admiral	Mutual Fund		617,891
	Vanguard Inflation - Protected Secs Admiral	Mutual Fund		1,908,707
	Vanguard Interim - Term Bond Index Admiral	Mutual Fund		1,806,807
	Vanguard Short Term Corporate Bond Index Admiral	Mutual Fund		1,016,133
	Vanguard Wellesley Income Admiral	Mutual Fund		1,029,965
	Putnam Government Money Market A	Mutual Fund		2,557,053
	Applied Finance Select Institutional	Mutual Fund		152,068
*	Key Guaranteed Portfolio Fund	Fixed Annuities		11,077,045
	Self-directed brokerage accounts (Schwab)	Common Stocks		503,894
	Self-directed brokerage accounts (Empower)	Common Stocks		1,421,272
				<u>\$ 131,507,746</u>
*	Participant loans (4.25% - 8.00%)			<u>318,801</u>
				<u><u>\$ 131,826,547</u></u>

* Represents party-in-interest.

** Information in column (d) is omitted as all investments are participant directed.